

**Child and Adult Care Food Program (CACFP)  
Training Packet and Handbook  
Emergency Shelters  
FY 2017**



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<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider."

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## **Child and Adult Care Food Program**

Emergency shelters that participate in CACFP provide residential and food services to children experiencing homelessness. To be eligible, the shelter must be a public or private nonprofit institution or a temporary residential site sponsored by a public or private nonprofit agency.

CACFP serves children, including teenagers 18 and younger, who are emergency shelter residents. Persons with disabilities, regardless of their age, may also receive CACFP meals at the shelters where they reside if the majority of enrollees are age 18 or under.

Section 17(t)(5)(A)(ii) of the NSLA (42 U.S.C. 1766(t)(5)(A)(ii)) specifies that Emergency Shelters may be approved to serve up to three reimbursable meals—breakfast, lunch, and supper—or two meals and one snack, to each child, each day, on weekdays and weekends.

<https://www.fns.usda.gov/sites/default/files/1999-3-30.pdf>

Only meals served in a congregate setting will be reimbursed. Meals served in family units or in personal rooms will not be reimbursed. The only exception is infant meals. Documentation that the meal pattern requirements were met can be achieved by utilizing the standard infant menu found in this handbook or a site specific infant menu.

All participants are eligible for meals at the free meal reimbursement rate.

For more information:

<https://www.fns.usda.gov/cacfp/emergency-shelters>

<http://www.fns.usda.gov/sites/default/files/1999-3-30.pdf>

**Note: All criteria listed above may not apply to every organization**

## **Federal Requirements**

Federal regulations at **7 CFR Part 226** require institutions participating in the Child and Adult Care Food Program to maintain supporting documentation for submitted claims.

These regulations can be found at: <http://www.fns.usda.gov/cacfp/regulations>

### **Record Keeping Responsibilities of Institutions and Sponsoring Organizations**

Institutions and Sponsoring Organizations must maintain all CACFP sponsor and site records on file for a minimum of 3 years plus the current year. These records must accurately reflect program operations.

Site records for the current program year should be assembled and filed, along with a corresponding copy of the Report and Claim for Reimbursement, at the institution's or Sponsoring Organization's main office.

Records for the current year must be readily available for review at each site. Institutions should assign responsibility for maintaining daily records to specific staff.

The following records to support the Claim for Reimbursement must be maintained on file for a minimum of 3 years plus the current year:

1. Attendance Records with participant's name, period of residency and date of birth
2. Record of Meals Served 17-9
3. Program Costs documentation including Receipts, Invoices, Catering Delivery Tickets and Proof of Program Labor
4. CACFP Menu Records

**Failure to maintain any of these records will result in the repayment of meal reimbursement. [7 CFR 226.10(d)]**

## CACFP Folder System

The folder system was designed by the State Agency as an effective way of managing records necessary for meal reimbursement. All institutions are encouraged to have the following labeled folders for each fiscal year:

1. Permanent Agreement/In service Training/Monitor Reviews (if applicable) and Procurement
2. Monthly folders (October – September) for each month of the federal fiscal year beginning with October. The following items are to be filed monthly in each folder:
  1. Copy of the Claim for Reimbursement
  2. Daily Attendance Records
  3. CACFP Menu Records
  4. Record of Meals Served (Form 17-9)
  5. Record of Expenditures (17-8)
  6. Food and non-food bills, receipts, invoices (must be original, dated and itemized, and include the store and/or vendor name) and Catering Delivery Tickets (if applicable)
  7. Personnel Activity Report Form and/or Paycheck Stub of full-time cook(s) (if applicable)

## Civil Rights Compliance

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

**Discrimination** is defined as distinguishing a person, or group of people, either in favor of or against others intentionally and doing so by neglect or by actions or by lack of actions based on the six protected classes. **The six protected classes** associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

**USDA regulations outline the following areas of Civil Rights compliance in CACFP:**

### 1. Public Notification System (PNS)

#### a. News Release:

- Effective October 1, 2016 the State Agency will publish the News Release on behalf of the Sponsors. It is no longer a requirement for existing institutions/sponsoring organizations.

**b. “And Justice For All” poster**

- The poster contains the non-discrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every site and every sponsoring organization office. The main entrance is ideal for placement.
- The poster should be displayed on 11x17 paper if possible. If not, 11x14 is acceptable or 8 1/2x11 as a last resort.
- The poster can be downloaded and printed from:  
<http://www.fns.usda.gov/cr/and-justice-all-posters>

**c. Non-Discrimination Statement**

- The statement in its entirety is required on all materials where the CACFP is referenced. Such as, but not limited to, promotional literature, parent handbooks and websites.
- On a website, the statement can be listed in its entirety or the following hyperlink can be referenced:  
<http://education.ky.gov/federal/SCN/Pages/USDANondiscriminationStatement.aspx>
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.

**\*\* The Non-Discrimination Statement is displayed below in its entirety \*\***

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
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- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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#### **d. Language Barriers/Limited English Proficiency (LEP)**

- All institutions must have the capability of providing informational materials concerning the availability and nutritional benefits of the Child and Adult Care Food Program in the appropriate translation, as well as the procedures for filing a discrimination complaint. This link provides translations for CACFP materials: <http://www.fns.usda.gov/documents-available-other-languages>

### **2. Data Collection**

- Ethnic and racial data for each site must be documented annually in the Sponsor Application as part of the initial and annual renewal process
- Institutions must maintain the data documentation for 3 years plus current year
- The collection of racial and ethnic data allows institutions and sponsoring organizations and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed

### **3. Mandatory Civil Rights Training**

- Institutions and sponsoring organizations must provide Civil Rights training to all “key staff” involved in their program
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors enter throughout the fiscal year
- Staff, volunteers and contractors must be trained annually (within four weeks of the institutions or sponsoring organizations annual training)
- Institutions and sponsoring organizations are required by regulation to document civil rights training efforts through dated In-Service Training forms identifying that the topic was covered

**A Civil Rights training video is available on the State Agency website:**

<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

### **4. Civil Rights Grievance Procedure**

- Make grievance procedure forms accessible and inform staff of location
- Accept either written or verbal complaints
- Never impede participant’s ability to file
- Forward grievance forms to the state agency within 3 days

#### **Participant Rights**

- Knowledge of all non-discrimination information
- How to file a claim if they believe their civil rights have been violated
- May file a claim up to 180 days following an alleged action or incident

**KENTUCKY DEPARTMENT OF EDUCATION**  
**Division of School and Community Nutrition**  
**Civil Rights Grievance Report Procedures**

In accordance with FNS Instruction 113-1, the

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Institution /Sponsoring Organization provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability in the food service program provided by the \_\_\_\_\_ Institution/Sponsoring Organization.

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**GENERAL INSTRUCTIONS**

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

**Procedure for Filing Complaints of Discrimination**

**1. Right to File a Complaint**

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

**2. Acceptance**

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health Services and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

**3. Verbal Complaints**

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.



## Civil Rights Grievance Report Form (Complainant Section)

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

**State the reason(s) you are filing this grievance report.**

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**What response did you receive from the institution representative during the alleged occurrence?**

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**What results are you seeking from this communication?**

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\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**

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FNS 113-1

## Civil Rights Grievance Report Form (Sponsor Section)

**Information on person filing grievance: (Complainant)**
**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Date Received by Institution OR Sponsoring Organization** \_\_\_\_\_

**Director's Name** \_\_\_\_\_

**Date forwarded to KDE** \_\_\_\_\_

**RESOLUTION/COMMENTS:**


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**Signature of Institution or Sponsoring Organization Representative**
**Date**

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*FNS 113-1*

## Institutions and Sponsoring Organizations In-Service Training Documentation

Institutions and Sponsoring Organizations must conduct training with key staff regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct training with key staff within the first four weeks of program participation*. Documentation of the training must be recorded on the IN-SERVICE TRAINING FORM.

**7 CFR 226.16 (d)(2-3) states:** *“Training on Program duties and responsibilities to key staff from all sponsored facilities prior to the beginning of Program operations. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the program’s meal patterns, meals counts, claim submission and review procedures, record keeping requirements, and the reimbursement system. Attendance by the key staff as defined by the State agency is mandatory.*

*Additional mandatory training sessions for key staff from all sponsored child care and adult care facilities not less frequently than annually. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties on the programs meal patterns, meal counts, claim submission and review procedures, record keeping requirements, and reimbursement system. Attendance by key staff, as defined by the state agency, is mandatory.”*

The Kentucky CACFP State Agency defines “Key Staff” as any staff member with primary responsibility for the operation of the CACFP and/or maintenance of the records that support the monthly claim for reimbursement and compliance with any CACFP requirement. This includes staff members who have monitoring responsibilities along with staff, volunteers or contractors.

### **In addition to mandatory Civil Rights Training, the State Agency recommends the following training topics:**

1. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart)
2. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on Record of Meals Served Form 17-9)
3. Attendance records
4. Menus (Participant and Infant)
5. Personnel Activity Reports (for Staff)
6. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency

**Reminders:**

- Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year
- New staff must be trained within the 1<sup>st</sup> week of employment
- New staff must complete the In-Service Training form upon receiving training
- Any staff conducting in-service training must have completed training on CACFP policies and procedures

**CACFP Instructions for Completing the In-Service Training Registration Form**

1. Fill in the Date, Name of Institution, Location of training and Training Conducted by.
2. Mark the boxes next to the topics covered at the training (*Civil Rights is mandatory*). Mark the boxes and list any additional topics covered.
3. Have participants print name, sign name, list their title and write the name of the center they are associated with under the Site Name column.
4. Attach additional pages if needed.
5. The trainer must sign and date the form.
6. File the In-Service Training form in the CACFP folder labeled "In-Service Training".

DATE \_\_\_\_\_

**Kentucky Department of Education  
Division of School and Community Nutrition  
Sponsor In-Service Training Documentation  
REGISTRATION FORM**

Name of Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Training Conducted by: \_\_\_\_\_

- Topics Covered:**      ☐ Civil Rights (Mandatory)  
(Check all that apply)   ☐ Meal Patterns  
                                 ☐ Meal Counts  
                                 ☐ Claim Submission  
                                 ☐ Review Procedures  
                                 ☐ Record Keeping Requirements  
                                 ☐ Reimbursement System  
                                 ☐ Updates from Annual Training  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Printed Name	Signature	Title	Site Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*\*Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

**Trainer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1*

## MENUS 7 CFR 226.15 (e) 10

Institutions are responsible for purchasing and preparing adequate amounts of each meal component for the number of children claimed during the meal service. **All institutions are required to keep Menu Records.** Menu Record templates are available on the State Agency website.

- Menus must be dated
- Menus must document the foods prepared and served to participants, ensuring the meal pattern requirements have been met
- Menus must support the documentation of food purchases and costs. Foods recorded on the menu should be cross-referenced with the purchases on food receipts/invoices
- Menus must be available, complete and support food purchases. Otherwise, the reimbursement will be recovered
- When listing food items on the menu, the institution should specify the type (i.e. fresh, frozen, canned, and homemade).

**The USDA Food Crediting and Food Buying Guides** instruct institutions regarding which foods are creditable and how much food should be purchased/prepared for reimbursable meals.

Food Crediting Guide:

[http://www.fns.usda.gov/sites/default/files/CACFP\\_creditinghandbook.pdf](http://www.fns.usda.gov/sites/default/files/CACFP_creditinghandbook.pdf)

Food Buying Guide: <http://fbg.nfsmi.org/>

### Catered Meals

The Catering Guidance Handbook is available on the State Agency website:

<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

### Water

In accordance with FNS Policy Memo CACFP 20-2016, child care centers must make water available to children upon request throughout the day, including meal times. Water does not have to be available for children to self-serve. Starting October 1, 2017, in addition to making water available, child care centers must also offer water to children throughout the day.

### Field Trips

- Check with the local health department and Licensure to ensure they approve of the planned field trip
- Notify the Sponsoring Organization or KDE (whichever is appropriate) in writing (email) of the dates/times the children will be out of the center
- Update the menu to reflect any changes in the meal being served on the field trip
- Keep required documentation, such as meals counts

## Child and Adult Care Food Program Meal Patterns for Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
<b>Breakfast:</b> <ul style="list-style-type: none"> <li>milk, fluid<sup>1</sup></li> <li>juice or fruit or vegetable</li> <li>bread or bread alternate or cornbread, biscuits, rolls, muffins, etc.</li> </ul> <p>including cereal cold, dry or cereal hot, cooked</p>	$\frac{1}{2}$ cup $\frac{1}{4}$ cup $\frac{1}{2}$ slice $\frac{1}{2}$ serving	$\frac{3}{4}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ slice $\frac{1}{2}$ serving	1 cup $\frac{1}{2}$ cup 1 slice 1 serving
<b>Supplement (Snack)</b> (select 2 out of 4 components) <ul style="list-style-type: none"> <li>milk<sup>1</sup>, fluid</li> <li>juice or fruit or vegetable</li> <li>meat or meat alternate egg (large)</li> <li>bread or bread alternate including cereal, cold, dry or cereal hot, cooked</li> </ul>	$\frac{1}{2}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ ounce $\frac{1}{2}$ $\frac{1}{2}$ slice $\frac{1}{4}$ cup or $\frac{1}{3}$ ounce $\frac{1}{4}$ cup	$\frac{1}{2}$ cup $\frac{1}{2}$ cup $\frac{1}{2}$ ounce $\frac{1}{2}$ $\frac{1}{2}$ slice $\frac{1}{3}$ cup or $\frac{1}{2}$ ounce $\frac{1}{4}$ cup	1 cup $\frac{3}{4}$ cup 1 ounce $\frac{1}{2}$ 1 slice $\frac{3}{4}$ cup or 1 ounce $\frac{1}{2}$ cup
<b>Lunch or Supper</b> <ul style="list-style-type: none"> <li>milk<sup>1</sup>, fluid</li> <li>meat or poultry or fish or egg (large) or cheese or cooked dry beans or peas or peanut butter and other “butters” nuts and seeds<sup>2</sup> or yogurt</li> <li>vegetables and/or fruits<sup>3</sup> (2 or more total)</li> <li>bread or bread alternate<sup>4</sup></li> </ul>	$\frac{1}{2}$ cup 1 ounce $\frac{1}{2}$ 1 ounce $\frac{1}{4}$ cup 2 Tbsp. $\frac{1}{2}$ ounce 4 ounces $\frac{1}{4}$ cup $\frac{1}{2}$ serving or $\frac{1}{2}$ slice	$\frac{3}{4}$ cup 1 $\frac{1}{2}$ ounces $\frac{3}{4}$ 1 $\frac{1}{2}$ ounces $\frac{3}{8}$ cup 3 Tbsp. $\frac{3}{4}$ ounce 6 ounces $\frac{1}{2}$ cup $\frac{1}{2}$ serving or $\frac{1}{2}$ slice	1 cup 2 ounces 1 2 ounces $\frac{1}{2}$ cup 4 Tbsp. 1 ounce 8 ounces $\frac{3}{4}$ cup 1 serving or 1 slice

<sup>1</sup>

Milk includes whole milk, 1% low fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.

<sup>2</sup>

For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz. of nuts or seeds = 1 oz. of cooked lean meat, poultry or fish.

<sup>3</sup>

Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.

<sup>4</sup>



















Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

7 CFR 226.20

# FOOD CHART




Age: 1 and 2 years 3 through 5 years 6 through 12 years

## BREAKFAST






































 Fluid milk	 ½ cup	 ¾ cup	 1 cup
 100% Juice or fruit or vegetable	 ¼ cup	 ½ cup	 ½ cup
 Bread or bread alternate	 ½ slice*	 ½ slice*	 1 slice*
or cold dry cereal	 ¼ cup (or ½ oz.)	 ½ cup (or ½ oz.)	 ¾ cup (or 1 oz.)
or cooked cereal	 ¼ cup	 ¼ cup	 ½ cup

## SNACK

Select two of the following four components\*\*

 Fluid milk	 ½ cup	 ½ cup	 1 cup
 100% Juice or fruit or vegetable	 ½ cup	 ½ cup	 ¾ cup
 Meat or meat alternate	 ½ ounce	 ½ ounce	 1 ounce
 Bread, bread alternate, or cereal	 ½ slice*	 ½ slice*	 1 slice*

## LUNCH/SUPPER

 Fluid milk	 ½ cup	 ¾ cup	 1 cup
 Meat or poultry or fish	 1 ounce	 1 ½ ounces	 2 ounces
or cheese	 1 ounce	 1 ½ ounces	 2 ounces
or cottage cheese, cheese food, or cheese spread	 2 ounces (½ cup)	 3 ounces (¾ cup)	 4 ounces (1 cup)
or egg	 1	 1	 1
or cooked dry beans or peas	 ¼ cup	 ¾ cup	 ½ cup
or peanut butter, soybean butter or nut or seed butters.	 2T.	 3T.	 4T.
or peanuts, soybeans, tree nuts or seeds	 ½ oz. = 50%	 ¾ oz. = 50%	 1 oz. = 50%
or yogurt***	 ½ cup (4 oz.)	 ¾ cup (6 oz.)	 1 cup (8 oz.)
 Vegetables &/or fruits (2 or more)	 ¼ cup Total	 ½ cup Total	 ¾ cup Total
 Bread or bread alternate	 ½ slice*	 ½ slice*	 1 slice*

\* or an equivalent serving of an acceptable bread alternate such as cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour, or a serving of cooked enriched or whole-grain rice or macaroni or other pasta products.

\*\* for snack, juice may not be served when milk is served as the only other component.

\*\*\* or any equivalent quantity of any combination of the above meat/meat alternates.

This institution is an equal opportunity provider.



Child Care Center/Sponsor

## WEEKLY MENU RECORD

Year: \_\_\_\_\_

Week: \_\_\_\_\_

Name of Center/Sponsor

Month: \_\_\_\_\_

Menu Item	Menu	Menu	Menu	Menu	Menu
Breakfast	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date
Milk					
Fruit/Veg./Juice					
Grains					
	(Must serve 3 components)				
A.M. Supplement					
Milk					
Meat/Meat Alternate					
Fruit/Veg./Juice					
Grains					
	(Must serve 2 components)				
Lunch					
Milk					
Meat/Meat Alternate					
Fruit/Veg.					
Fruit/Veg.					
Grains					
	(Must serve 5 components)				
P.M. Supplement					
Milk					
Meat/Meat Alternate					
Fruit/Veg./Juice					
Grains					
	(Must serve 2 components)				
Supper					
Milk					
Meat/Meat Alternate					
Fruit/Veg.					
Fruit/Veg.					
Grains					
	(Must serve 5 components)				

## INFANT MENU

- One type of iron-fortified infant formula must be offered by the institution.
- Only iron-fortified infant cereal is creditable.

### 7 CFR 226.20 states:

**Infant cereal** means any iron-fortified dry cereal specifically formulated for and generally recognized as cereal for infants that is routinely mixed with breast milk or iron-fortified infant formula prior to consumption.

**Infant formula** means any iron-fortified formula intended for dietary use solely as a food for normal, healthy infants: excluding those formulas specifically formulated for infants with inborn errors of metabolism or digestive or absorptive problems. Infant formula as served, must be in liquid state at recommended dilution.

- Institutions cannot require parents/caregivers to supply infant formula or food
- At least one component of meals served to 8-11 month old infants must be purchased/provided by the institution
- Infant feeding times vary depending on the child's age and development. Infants consuming breast milk or formula may be claimed if the child care center staff feeds the infant
- Meat sticks or "finger sticks" (which look like miniature hot dogs) are not reimbursable as a meat/meat alternate in the infant meal pattern because they could present a choking risk
- Combination dinners (jarred turkey and rice, etc.) are not creditable
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are not creditable for infants under 12 months of age

**Infant meal patterns vary according to the age of the infant. Sponsors should refer to the infant meal pattern to ensure that each age group receives all required components.**

## Child and Adult Care Food Program Meal Pattern Requirements for Infants

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup>
4 months through 7 months	4-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup>  0-3 tablespoons infant cereal <sup>1, 4</sup>	4-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup>  0-3 tablespoons infant cereal <sup>1, 4</sup>  0-3 tablespoons fruit and/or vegetable <sup>4</sup>	4-6 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup>
8 months up to first birthday	6-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup>  2-4 tablespoons infant cereal <sup>1</sup>  1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup>  2-4 tablespoons infant cereal <sup>1</sup> <b>and/or</b> 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas <b>or</b> ½-2 ounces cheese, <b>or</b> 1-4 tablespoons cottage cheese, cheese food or cheese spread.  1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula <sup>1</sup> or breast milk <sup>2, 3</sup> or fruit juice <sup>5</sup>  0-1/2 slice bread <sup>4, 6</sup> or 0-2 crackers <sup>4, 6</sup>

<sup>1</sup> Infant formula and dry infant cereal shall be iron-fortified.

<sup>2</sup> It is recommended that breast milk be served in place of formula from birth through 11 months.

<sup>3</sup> For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

<sup>4</sup> A serving of this component shall be optional.

<sup>5</sup> Fruit juice shall be full-strength.

<sup>6</sup> Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

7 CFR 226.20

Name of Child Care Provider: \_\_\_\_\_

## Standard Infant Menu

Iron-fortified infant formula: \_\_\_\_\_

<b><u>Birth to 3 Months</u></b>			
<b>Breakfast, Lunch or Supper, and Snack:</b> Iron-fortified infant formula or breast milk <i>(Required)</i>			
<b><u>4-7 Months</u></b>			
<b>Breakfast:</b> Iron fortified infant formula or breast milk <i>(Required)</i>  <b>For babies eating solid foods:</b> Iron-fortified infant cereal	<b>Snack</b> Iron-fortified infant formula or breast milk <i>(Required)</i>		
<b>Lunch or Supper:</b> Iron-fortified infant formula or breast milk <i>(Required)</i>  <b>For babies eating solid foods:</b> Iron-fortified infant cereal A variety of pureed vegetables and fruits: <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Green beans</li> <li>• Carrots</li> <li>• Squash</li> <li>• Peas</li> <li>• Potatoes</li> <li>• Sweet Potatoes</li> </ul> </td><td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• Applesauce</li> <li>• Pears</li> <li>• Bananas</li> <li>• Peaches</li> <li>• Prunes</li> </ul> </td></tr> </table>		<ul style="list-style-type: none"> <li>• Green beans</li> <li>• Carrots</li> <li>• Squash</li> <li>• Peas</li> <li>• Potatoes</li> <li>• Sweet Potatoes</li> </ul>	<ul style="list-style-type: none"> <li>• Applesauce</li> <li>• Pears</li> <li>• Bananas</li> <li>• Peaches</li> <li>• Prunes</li> </ul>
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<b><u>8 to 11 Months</u></b>			
<b>Breakfast:</b> Iron-fortified infant formula or breast milk <i>(Required)</i> Iron-fortified infant cereal <i>(Required)</i> A variety of fruits and vegetables of an appropriate texture and consistency <i>(Required)</i>	<b>Snack:</b> Iron-fortified infant formula or breast milk <b>or 100% Fruit Juice <i>(Required)</i></b>  <b>For babies eating bread products:</b> Small strips or pieces of dry bread or toast or Small pieces of plain low salt crackers or Graham crackers made without honey or Small pieces of soft tortilla or soft pita bread or Teething biscuits		
<b>Lunch or Supper</b> Iron-fortified infant formula or breast milk <i>(Required)</i>  <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;">           A variety of pureed vegetables and fruits:  <i>(Required)</i> <ul style="list-style-type: none"> <li>• Green beans</li> <li>• Carrots</li> <li>• Squash</li> <li>• Peas</li> <li>• Potatoes</li> <li>• Sweet Potatoes</li> </ul> </td><td style="vertical-align: top;">           Choice of infant cereal <b>OR</b> meat/meat alternatives  <i>(Required)</i> <ul style="list-style-type: none"> <li>• Variety of meats, poultry (cooked plain or from a jar)</li> <li>• Fish-cooked plain, boneless</li> <li>• Egg yolk-hard cooked</li> <li>• Dry beans and peas-cooked plain</li> <li>• Cheese, regular plain-sliced thin or thin strips</li> <li>• Cottage cheese</li> </ul> </td></tr> </table>		A variety of pureed vegetables and fruits: <i>(Required)</i> <ul style="list-style-type: none"> <li>• Green beans</li> <li>• Carrots</li> <li>• Squash</li> <li>• Peas</li> <li>• Potatoes</li> <li>• Sweet Potatoes</li> </ul>	Choice of infant cereal <b>OR</b> meat/meat alternatives <i>(Required)</i> <ul style="list-style-type: none"> <li>• Variety of meats, poultry (cooked plain or from a jar)</li> <li>• Fish-cooked plain, boneless</li> <li>• Egg yolk-hard cooked</li> <li>• Dry beans and peas-cooked plain</li> <li>• Cheese, regular plain-sliced thin or thin strips</li> <li>• Cottage cheese</li> </ul>
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## Milk Reconciliation (Optional)

*As a way of determining if enough milk is purchased and served each month, Institutions and Sponsoring Organizations may complete a Milk Reconciliation. This can be done after the last claimed meal service for the month or at any time during the month. Although not required, a milk reconciliation can identify milk shortages which could result in the disallowance of meals.*

1. Input Sponsor Name and Month/Year in the appropriate blanks.
2. Record the amount of "Carryover Milk" listed at the bottom of the current month Record of Meals Served (17-9). After the last meal is served for the month, record the number of gallons of milk on hand at the bottom of next month's Record of Meals Served (17-9).
3. Record the total milk purchased (in gallons) for the current month. Note: if half pints were purchased, they must be converted to gallons prior to recording them in the column. (*Half-pint to gallon converter: <http://www.calculateme.com/Volume/Pints/ToGallons.htm>*).
4. Add the gallons of milk purchased and the amount of carryover milk and multiply by 128 (the number of ounces in a gallon). Record the result in the box located below "(a)".
5. Record Total Meals from the Record of Meals Served (17-9) in the corresponding boxes for Breakfast, Lunch and Supper.
6. Using the menus for the month and the Record of Meals Served (17-9) form, record the total number of meals for every day that milk was served as a component for Snack.
7. Multiply each column total by the number below it (this is the number of ounces of milk required for a specific age group at a specific meal service) and record the answer under the appropriate column next to the "=" box.
8. Add the total ounces of milk served (items with a 4, 6 or 8 above) and record the answer in the "Total Ounces Required (b)" box.
9. Transfer the totals from (a) and (b) to the corresponding areas at the bottom of the form.
10. Subtract (a)-(b) and record the result in blank (c).
11. Divide (c) by 128 and record the result in the last blank.
12. If the result is a negative number, there is a milk shortage (not enough milk was served or purchased).

# Milk Reconciliation

Month/Year: \_\_\_\_\_

Sponsor  
Name: \_\_\_\_\_

Total Meal numbers are taken from the Record of Meals Served Form	Breakfast			AM Snack			Lunch			PM Snack			Supper			LN Snack			Milk	
	1-2	3-5	6-12	Only count the Snacks on the Record of Meals Served where Milk was served as a component			1-2	3-5	6-12	Only count the Snacks on the Record of Meals Served where Milk was served as a component			1-2	3-5	6-12	Only count the Snacks on the Record of Meals Served where Milk was served as a component			Carry Over Gallons	
				1-2	3-5	6-12				1-2	3-5	6-12				1-2	3-5	6-12		
Total Meals																			= Total Gallons for the month	
X	4	6	8	4	4	8	4	6	8	4	4	8	4	6	8	4	4	8	Total Ounces Required (b)	X 128 ounces in a gallon (a)
=																				

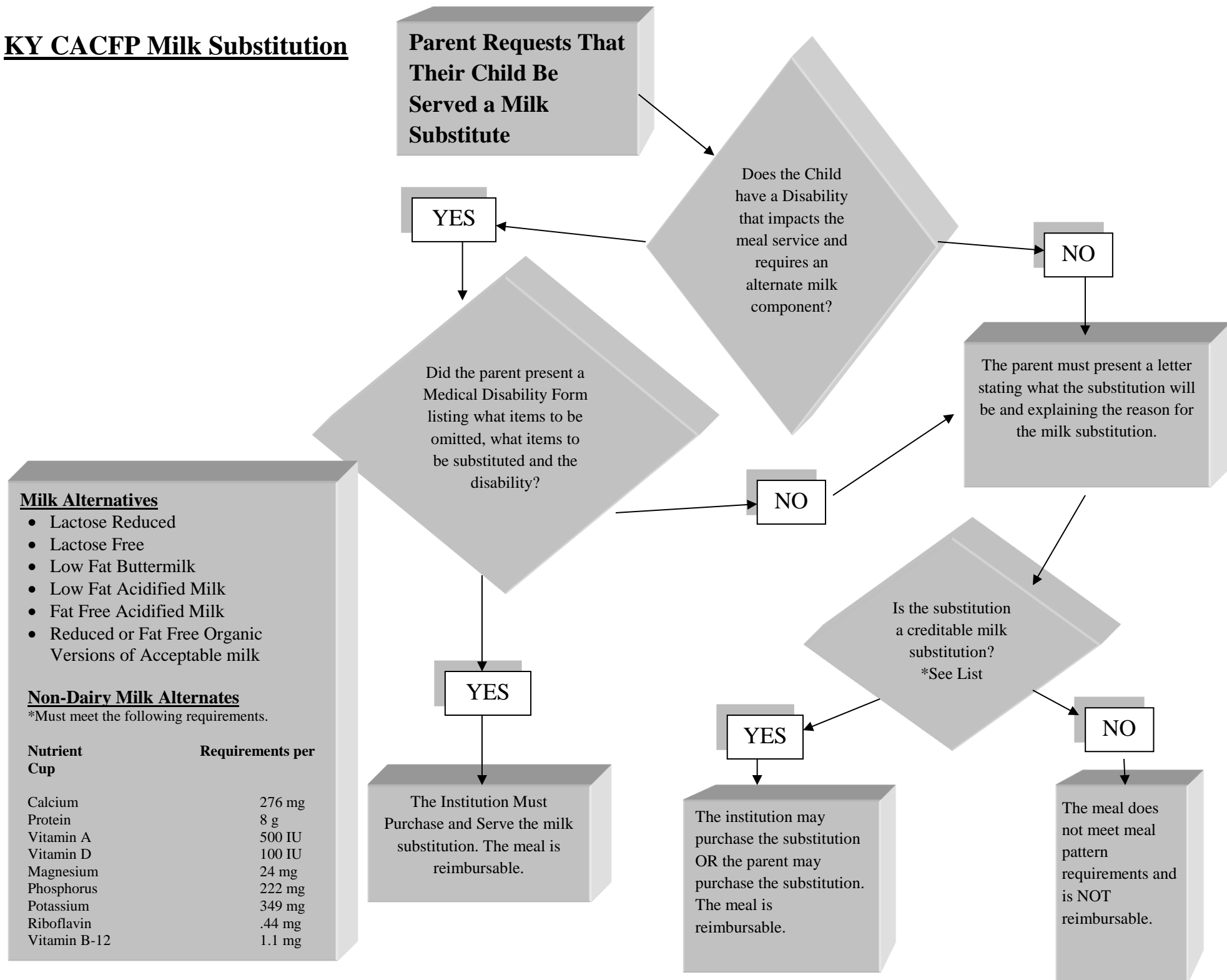
(a) \_\_\_\_\_ =Total Milk Purchased in ounces

(b) \_\_\_\_\_ =Total Milk Required in ounces

(a) - (b) = \_\_\_\_\_

(c) divided by 128 ounces in a gallon = \_\_\_\_\_ Total gallons above/below amount needed

# **KY CACFP Milk Substitution**



## **Milk Alternatives**

- Lactose Reduced
- Lactose Free
- Low Fat Buttermilk
- Low Fat Acidified Milk
- Fat Free Acidified Milk
- Reduced or Fat Free Organic Versions of Acceptable milk

## **Non-Dairy Milk Alternates**

\*Must meet the following requirements.

Nutrient Cup	Requirements per
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mg

## **CACFP Instructions for completing the Medical Statement for Participants with Special Dietary Needs**

### **Parent/Guardian Section**

1. Fill in information located in the first section “To be completed by a Parent, Guardian, or Authorized Representative”.
2. If participant has a recognized disability or special dietary needs that are not a recognized disability, a recognized medical authority must complete the form. A recognized medical authority is anyone medically deemed certified to write prescriptions.
3. Medical Authority must sign and date.
4. Medical Authority must print their name, title, and give the telephone number where they may be contacted.
5. If participant does not have a disability, but is requesting special accommodation for a fluid milk substitute, the form may be completed by the Parent/Guardian.

### **Sponsor Information**

1. The statement must be completed in its entirety and submitted prior to substituting any meals.
2. If any changes are needed, a new form will need to be submitted.
3. Parents or guardians may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.
4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg



# MEDICAL STATEMENT FOR PARTICIPANTS WITH SPECIAL DIETARY NEEDS

<b>To be completed by a Parent, Guardian, or Authorized Representative</b>		
<b>Participant's Name:</b>		<b>Birthdate:</b>
<b>Parent/Guardian/Authorized Representative name:</b>		
<b>Home Phone:</b> (    )		<b>Work Phone:</b> (    )
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<input type="checkbox"/> Participant has a disability or medical condition and requires a special meal or accommodation. <b>(*Recognized Medical Authority must sign)</b>		
<input type="checkbox"/> Participant <b>does not</b> have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. (Substitutions made at the discretion of the center.) <b>(*Recognized Medical Authority must sign)</b>		
<input type="checkbox"/> Participant <b>does not</b> have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. <b>(Substitutions made at the discretion of the center)</b>		
<b>A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.</b>		
a. Calcium 276 mg b. Protein 8 g c. Vitamin A 500 IU	d. Vitamin D 100 IU e. Magnesium 24 mg f. Phosphorus 222 mg	g. Potassium 349 mg h. Riboflavin .44 mg i. Vitamin B-12 1.1 mcg
<b>Foods to be omitted:</b>		<b>Substitutions:</b>
_____		_____
_____		_____
_____		_____
<b>Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):</b> _____ _____ _____		
<b>Please provide any other information regarding the diet:</b> _____ _____ _____		

*\*Recognized Medical Authority: Anyone who can prescribe medication.*

Physician/Medical Authority's Signature

Date

Printed Name and Title

Telephone

## **Small Purchase Procurement**

### **(Comparison Shopping for Grocery and Retail)**

To meet the procurement requirements for small purchases, such as items purchased at a grocery or retail store, the State Agency requires an annual price comparison of six of the most frequently purchased items.

Institutions will select at least three separate, but similar, retail stores and compare the costs of these items at each. Institutions are required to select the store that has the lowest price unless other circumstances, such as proximity of the store or consistency of quality, impact their decision. This must be documented on the Small Purchase Procurement Form.

#### **Instructions for Completing the Small Purchase Comparison Shopping Form**

1. Record date of completion.
2. List 6 most commonly purchased items.
3. List 3 local grocery stores.
4. Fill in prices for the 6 items at each of the 3 stores.
5. Decide where items will be purchased.
6. Explain why store was chosen (location, options, etc.) if it didn't offer lowest price.
7. File the form in the folder labeled "Procurement".

# Procurement Documentation for Small Purchase Comparison Shopping

**DATE:** \_\_\_\_\_

<b>Food</b>	<b>Name of Store 1:</b> _____	<b>Name of Store 2:</b> _____	<b>Name of Store 3:</b> _____	<b>Reason for selection if not lowest price</b>
<b>1.</b>	\$	\$	\$	
<b>2.</b>	\$	\$	\$	
<b>3.</b>	\$	\$	\$	
<b>4.</b>	\$	\$	\$	
<b>5.</b>	\$	\$	\$	
<b>6.</b>	\$	\$	\$	

\*7 CFR 226.22

## **Instructions for Completing Food Supply Vendor Procurement: Invitation to Bid, Food Supply Vendor Contract and Procurement Log**

Procurement is required by FNS regulation (7 C.F.R. §226.22). As with all other Federal funds, the primary objective of these procedures is to ensure **maximum open and free competition**. Although the program regulations do not specifically limit the term of CACFP procurement contracts, **the State Agency will only allow contract terms of one year**.

Institutions and Sponsoring Organizations which use food supply vendors such as Gordon Food, US Foods, or Sysco, must conduct procurement. Use the instructions and forms included in this handbook to assist in conducting the food supply vendor procurement. Per State Agency policy, this procurement must be conducted within the first four weeks of the fiscal year.

### **Instructions**

1. Fill out the *Food Supply Vendor Contract* listing the items for which vendors should bid. Make three copies. (Form A).
2. Obtain the names, addresses, and email addresses of at least three food supply vendors.
3. Fill out the prototype *Invitation to Bid* letter with the necessary information.
4. Mail or email a *Food Supply Vendor Contract* and an *Invitation to Bid* to each vendor with a date when bids should be returned. **Institutions must ensure that all potential food supply vendors receive the same information.**
5. When Food Supply Vendor Contracts are returned, compile the bids; complete the *Procurement Log*, (Form C) and document which food supplier was selected. Sign the *Food Supply Vendor Contract* of the vendor selected and send the vendor a copy of the signed contract. If the lowest price is not the reason for selecting a prospective bidder, document why the alternate food supply vendor was selected.
6. Keep all documentation concerning the bid such as contracts, the procurement log, and any correspondence with the vendors in the CACFP folder labeled "Procurement".
7. Procurement records must be kept for three years after the close of the fiscal year.

**Vendors are not required to respond to the *Invitation to Bid*. If no response is received, document that the *Invitation to Bid* was sent and file in the appropriate CACFP folder.**

## Invitation to Bid (Form B)

*Date*

*Contact Name*

*Address*

*City, State*

*Zip*

Subject: Invitation to Quote Price of Goods

---

Dear (*Contact Name*),

We are interested in purchasing (*describe goods*)

Using the attached procurement form, please quote your ordinary unit price for supplying these goods together with your discount for volume purchases.

Please include the following information:

- A) Sales tax
- B) Delivery charges when applicable
- C) Terms of payment

All price quotations must be firm and be good for a period of one year unless otherwise stated.

Please have quotes back to me by (*date*)

Sincerely,

*Your name*

*Your title*

*Your phone number*

*Your email*

# Food Supply Vendor Contract (Form A)

Vendor: Please quote your ordinary unit price for supplying these goods as indicated in the attached letter. Sign and submit this back to the requestor by \_\_\_\_\_.

(Date)

Food Supply Vendor Name:			Vendor Quote	
Items to be Purchased	Quantity Expected to Buy		Unit Price	Extended Price (Quantity x Unit Price)
TOTAL			\$	

I \_\_\_\_\_ (name of vendor), agree to supply the above named items at the price quoted. Delivery costs and sales tax are included with this quote.

**Terms of payment are** \_\_\_\_\_

**This contract may be voided by either party at any time.**

**Signature of Vendor Representative** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Sponsor or Institution Representative: \_\_\_\_\_ Date: \_\_\_\_\_**  
**(Sponsor or Institution Representative Signs AFTER bid has been accepted)**

## Procurement Log (Form C)

The Procurement Log is used to document all competitive price quotations of food supply vendors during the procurement procedure. The institution must contact at least three known suppliers of the food, services and/or supplies needed and obtain competitive price quotations. Attached to this document is a "Procurement Log" that may be used or may guide you in developing your own form. Below is an example of how this form can be used.

Items to be Purchased	Quantity Expected to Buy	Vendor #1: XYZ Company		Vendor #2: ABC Company		Vendor #3: LMN Company	
		Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)
Peaches, diced 6/10 cans	25 cs.	\$20.19	\$504.75	\$18.87	\$471.75	\$22.40	\$560.00
Pears, sliced 6/10 cans	10 cs.	\$20.94	\$209.40	\$23.01	\$230.10	\$23.26	\$232.60
Pineapple, chunks 6/10 cans	15 cs.	\$25.98	\$389.70	\$28.03	\$420.45	\$24.89	\$373.35
Total			\$1,103.85		\$1,122.30		\$1,165.95
Vendor Selected		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Date and Method of Contact		September 27 Faxed in price quotes (quote sheets must be attached).		September 28 Price given per phone. Will confirm in writing.		September 28 Visited store and obtained prices (price sheets must be attached).	
Additional Notes:		Best price but will need to drive 15 miles to pick up product. Estimate that this will raise costs by 10%, making this a more costly alternative than Vendor #2.		Slightly higher price, but 5 minute drive from site.			
Signature of person completing this form:						Date:	
<i>Ima Sample</i>						<i>10/30/xx</i>	

Although this example only compares three items, school and non-school institutions are expected to compare all of the food, services,

## PROCUREMENT LOG (Form C)

[illegible]



## RECORD OF MEALS SERVED 17-9

The Record of Meals Served Form (17-9) is the official source of documentation used to verify meal counts.

All institutions must maintain an accurate daily count of meals served to participants divided by age categories. **The count must be taken during the meal service and it must total the actual number of meals served. The meal count shall not be taken from attendance records or sign-in sheets.**

The Record of Meals Served Form also provides an area to record total daily attendance. Each day, daily attendance figures are taken from attendance records and recorded under “Total Daily Attendance”.

Attendance records are not the same as the “Record of Meals Served”. In some cases, participants may be present at the center, but the individual may not participate during the meal service. Therefore, reimbursement is calculated based on meals actually served, not attendance records.

If the institution chooses to conduct the optional milk reconciliation, the institution should record the amount of unserved milk remaining on hand after the last meal service of the month. This number will be recorded in the space provided at the bottom of the next month’s Record of Meals Served. This amount will represent milk to be carried over to the Milk Reconciliation Form in the upcoming month.

### Instructions for completing CACFP Record of Meals Served (17-9) form

1. Record Center/Site Name.
2. Record Month/Year and record amount of carryover milk from the previous month at the bottom of the page.
3. Place number of meals served next to the appropriate date and under the appropriate age range.
4. Add the daily meals for each age group and place in the meal total column.
5. For each meal service, list the number of adults who were served meals under the PA (Program Adults) column. This includes staff and/or parents. This column doesn’t need to be totaled at the end of the month and these meals are **not** included in the monthly claim for reimbursement.
6. At the end of the day, place total number of participants in attendance under the Total Daily Attendance column. The total number of meals served should never exceed the Total Daily Attendance.
7. At the end of the month, total all columns for the month and use the information for the monthly claim (total number of meals served for each meal service and total attendance for the month).

Month/Year \_\_\_\_\_

	Breakfast				Total Break fast	Lunch				Total Lunches	P M Supplement				Total P.M. Snacks	Total Daily Attend	Program Adults		
Date	Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12			Breakfast	Lunch	PM
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
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20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
Total																			

\* PA means Program Adults

Milk on hand after the last meal service of the previous month \_\_\_\_\_ gal.

\*7CFR 226.15(e)(4) and 226.15(e)(5)

## INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for creditable components served to your baby while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern below, which was developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Age	Breakfast	Lunch and Supper	Snack
<b>Birth through 3 months</b>	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk
<b>4 months through 7 months</b>	4-8 fluid ounces formula or breast milk 0-3 tablespoons infant cereal	4-8 fluid ounces formula or breast milk 0-3 tablespoons infant cereal 0-3 tablespoons fruit and/or vegetable	4-6 fluid ounces formula or breast milk
<b>8 months up to first birthday</b>	6-8 fluid ounces formula or breast milk  2-4 tablespoons infant cereal  1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula or breast milk  2-4 tablespoons infant cereal <b>and/or</b> 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas <b>or</b> ½-2 ounces cheese, <b>or</b> 1-4 tablespoons cottage cheese, cheese food or cheese spread.  1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula or breast milk or fruit juice  0-1/2 slice bread or 0-2 crackers

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in the center's care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

\_\_\_\_\_ currently provides the following formula(s): \_\_\_\_\_  
(Name of Child Care Center)

**Please fill out the form below and return it to help us plan the meals for your infant.** If this information changes, you will need to complete a new form.

<b>Sponsor Representative</b>	<b>Phone Number</b>	<b>Date</b>
-------------------------------	---------------------	-------------

**MUST BE COMPLETED BY PARENT/GUARDIAN:**

<b>Infant Name</b> _____	<b>Infant Birthdate</b> ____/____/____
Check all that apply:	
_____ <b>Parent</b> will breast-feed the infant at the day care center	
_____ <b>Parent</b> will provide expressed breast milk	
_____ <b>Parent</b> will provide iron fortified formula/breast milk and <b>Center</b> will provide additional baby food	
_____ <b>Parent</b> will provide iron fortified formula/breast milk and additional baby food.	
_____ <b>Center</b> will furnish all iron fortified infant formula	
_____ <b>Center</b> will furnish all iron fortified infant formula and additional baby food	
<div style="border-top: 1px solid black; margin-top: 10px;"> <b>Parent/Guardian and/or Client Signature</b> </div>	<div style="border-top: 1px solid black; margin-top: 10px;"> <b>Date</b> </div>

## ATTENDANCE RECORDS

All institutions are required to maintain daily attendance records in order to document an enrolled participant's attendance. (A copy of the Attendance Record Form is on the following page). Daily attendance must be totaled every day and recorded on the Record of Meals Served (17-9) form in the Total Daily Attendance (TDA) column.

A computer-generated attendance record is also acceptable. Institutions may design their own form but it must contain, at a minimum, the information contained on the State Agency form. **Forms designed by the sponsor must be submitted to the State Agency for approval.**

Both the participant's first and last name, birthdate and period of residency must be included on the attendance record.

Failure to maintain attendance records or maintenance of inadequate attendance records will result in the recovery of CACFP reimbursement. Attendance records must be maintained on file for three years plus the current fiscal year.

### CACFP Instructions for Completing the Daily Attendance Record

1. Fill in the Month/Year and Sponsor information.
2. Record the first and last names of the participants, periods of residency and birthdates.
3. Record attendance and total the columns daily.
4. Place daily attendance totals from the Daily Attendance Record form on the Record of Meals Served (17-9) form under the column that says "Total Daily Attend".

***Do not use the Daily Attendance Record totals as meal count submissions***

**Month/Year** \_\_\_\_\_

**Sponsor** \_\_\_\_\_

[illegible]

Each day's totals must be recorded on the Record of Meal Served (Form 17-9) in the Total Daily Attendance Column at the end of each day.

**\*P.O.R=Period of Residency**  
**\*7 CFR 226.15(e)(4) and 226.17a(O)(1)**

## PROGRAM COSTS DOCUMENTATION

Every institution participating in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program Food and Nutrition Service (FNS) Instruction 796-2, Revision 4, all institutions must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money received in CACFP reimbursement MUST be used ONLY in the food service operation. All CACFP records must be kept on file for three years plus the current year.**

The following are examples only and are not intended to be a complete guide as to how CACFP funds may or may not be spent. Refer to FNS -Instruction 796-2, Rev. 3 or contact the State Agency with questions about allowable expenses.

### **Food and Milk Documentation:**

**Allowable Costs:** Foods purchased only for CACFP use.

**Not Allowable:** Cost of food lost as a result of fire, water, spoilage or other contamination in excess of \$100; fast food, personal groceries or items such as cigarettes, soda, pet food, etc.

### **Minimum Records that Support Cost of Food & Milk Used:**

- a. Invoices, bills, receipts (all food receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the food was purchased and the method of payment)
- b. Canceled checks
- c. Food inventory records
- d. Records of cash discounts and other credits if not shown on purchase orders and/or invoices
- e. Menus (Participant and Infant)
- f. Invoices from a food management company, caterer or school (reported as cost of food used)
- g. Daily delivery tickets that include components served, as well as the name of the catering source, date, number of meals ordered and number of meals delivered. Delivery tickets must be signed and dated by the vendor staff delivering meals and the sponsor staff receiving meals

Delivery tickets should be compared to the vendor's monthly invoice to ensure that the sponsor was charged for the correct number of meals ordered.

## **Nonfood Cost Documentation:**

**Allowable Costs:** Supplies needed to administer the CACFP. Examples are: paper goods (napkins, straws, cups, etc.), cleaning supplies for kitchen and dining room.

**Not Allowable:** Supplies which are not used to administer the CACFP. Examples are: general day care supplies or arts/crafts projects, toys, games, videos, laundry and general cleaning supplies not used in the food service area.

If nonfood items are used entirely for the meal service (i.e. paper products, plastic silverware, kitchen cleaning supplies, eating area cleaning supplies, etc.), the total cost plus tax can be claimed. If only a portion of the nonfood items are used for the food program (i.e. trash bags, paper towels), then only half of the cost and only half of the tax can be claimed. Nonfood items purchased for day care use only (i.e. toilet paper, Kleenex) cannot be included in CACFP program costs.

## **Minimum Records that Support nonfood Supplies and Expendable Equipment:**

- a. Invoices, bills, receipts (all food receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the food was purchased and the method of payment)
- b. Canceled checks
- c. Bank statements

**Note:** Canceled checks and bank statements will be used only to verify payment of original receipts and cannot be used as the only source of documentation.

## **Program Labor Costs:**

Program labor costs may only be claimed if the individuals performing the food service are employed by the participating institution.

Program Labor Costs for Food Service are limited to wages and fringe benefits paid by the sponsor to employees directly involved with the food service program. If the sponsor is reimbursed for an employee's wages from some other source, it cannot be claimed as a cost to the Program.

## **Allowable Direct Costs:**

- a. Wages paid for preparing and serving food;
- b. Wages paid to personnel who assist participants at mealtime;
- c. Wages paid for on-site preparation of records required for the food program.
- d. Program Labor duties including cooking, serving, menu planning, grocery shopping and cleaning of kitchen and dining room.

**Not Allowable:** Administrative costs, donated labor, salaries of staff who do not perform CACFP duties; wages paid from sources other than the sponsoring organization.

**Minimum Records that Support Program Labor Costs:**

- a. Staff who work full-time on CACFP duties (cooks) will document their wages and benefits by copies of their pay stubs in the monthly folder.
- b. Personnel Activity Reports (PAR) – are maintained by employees to establish the amount of time per day spent on the food program when the employee has other duties. These must be signed and dated by employee at the end of the month. The PAR must be signed and dated by the employee's supervisor. The PAR must be maintained in the monthly folders.

**Program Administrative Costs:**

Program Administrative Costs include expenditures incurred by a sponsoring organization that relate to planning, organizing, and managing the food service program.

**Allowable Direct Costs:**

Wages paid for completing the application packet, approving income applications, conducting monitor reviews, training center personnel regarding CACFP requirements, time spent compiling the monthly Claim for Reimbursement, cost of computer equipment used to administer CACFP and attending State Agency training (training time may only be claimed for the month in which it occurs).

**Not Allowable:** Volunteer labor, wages paid from sources other than sponsoring organization, costs incurred to comply with licensing standards.

**Minimum Records that Support Administrative Costs:**

- a. Payroll records (bank statements, canceled checks, pay stubs, etc.).
- b. Personnel Activity Reports - daily time sheet that establishes the amount of time each employee spends on food program responsibilities when the employee has other duties. They must be signed and dated by the employee.
- c. Mileage documentation.
- d. Rental agreements and invoices for office equipment or office space.
- e. Invoices and canceled checks for any costs claimed as an administrative expense.



## CACFP Instructions for Completing the Personnel Activity Report (PAR)

### Employee Section: (To be completed daily by the employee)

1. Print Name and the Month/Year of PAR on designated lines.
2. Place number of hours worked beside the appropriate date. Designate hours worked for Administrative and Program Labor by writing the number of hours under the appropriate column.
3. List any non CACFP hours worked under the "Non CACFP Hours Worked" column.
4. Total the columns for each row and place the total under the, "Total Hours Worked" for each day claimed.
5. At the end of the month, sign and date the form, verifying the information provided is correct.

### Sponsor Section: (To be completed by Director/Authorized Representative at the end of the month)

#### A. Hourly Paid Staff

1. Using the total for administrative hours from the table; insert the administrative hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total administrative CACFP Salary).

*\*Administrative hours should only be used if the expense is approved in the CNIPS budget\**

2. Using the total for program labor hours from the table; insert the program labor hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total program labor CACFP salary).

#### B. Salaried Staff

1. Using the total for administrative hours worked on CACFP from the table; insert the administrative hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%). Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total admin. CACFP salary).

*\*Administrative hours should only be used if the expense is approved in the CNIPS budget\**

2. Using the total for program labor hours worked on CACFP from the table; insert the program labor hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total program labor CACFP salary).

3. Verify totals, sign and date form.

# PERSONNEL ACTIVITY REPORT

**Employee Name:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE:**

**INSTRUCTIONS:** This form is for employees who spend part of their day working on the Child and Adult Care Food Program (CACFP). Each month, indicate the number of hours per day spent on administrative and program labor activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the Claim for Reimbursement. Examples of CACFP program labor activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Hours Worked on CACFP					Hours Worked On CACFP				
Date	Admin	Program Labor	Non CACFP Hours Worked	Total Hours Worked	Date	Admin	Program Labor	Non CACFP Hours Worked	Total Hours Worked
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					<b>TOTAL</b>				

I certify that this is an accurate record of the number of hours worked on the CACFP.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE**

**A. (HOURLY PAID STAFF)**

1. Total administrative hours worked on CACFP \_\_\_\_\_ x \_\_\_\_\_ (hourly wage) = \$\_\_\_\_\_ (Total administrative CACFP salary)

2. Total program labor hours worked on CACFP \_\_\_\_\_ x \_\_\_\_\_ (hourly wage) = \$\_\_\_\_\_ (Total program labor CACFP salary)

**B. (SALARIED STAFF)**

3. Total administrative hours worked on CACFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_%  
Total Salary for month \$\_\_\_\_\_ x \_\_\_\_\_% = \$\_\_\_\_\_ (Total admin. CACFP salary)

4. Total program labor hours worked on CACFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_%  
Total Salary for month \$\_\_\_\_\_ x \_\_\_\_\_% = \$\_\_\_\_\_ (Total program labor CACFP salary)

I certify that payroll records are on file that verifies the total wages as listed above.

**5. Signature of Center Director/Authorized Representative** \_\_\_\_\_

**Date** \_\_\_\_\_

*\*7 CFR 226.15(e)*

## RECORD OF FOOD PROGRAM EXPENDITURES FOR THE MONTH (FORM 17-8)

The Record of Food Program Expenditures for the Month (Form 17-8) is used by institutions to record all of the expenses which justify the CACFP reimbursement for the month. Institutions will keep this form, along with all receipts and the menu record, in the corresponding monthly folder. Every month, institutions will use the calculations from their monthly 17-8 form to record their program costs on the Justification for Reimbursement form. Programs will use the Justification for Reimbursement Form to record their quarterly costs in the ACQR (Actual Cost Quarterly Report) in CNIPS.

The Record of Food Program Expenditures form may be completed throughout the month or at the end of the month but must be complete before the claim is submitted.

Recording the quantity of milk purchased on the Record of Food Program Expenditures form will assist in completing the optional monthly milk reconciliation to determine if enough milk has been served and/or purchased to meet meal pattern requirements.

### Instructions for Completing the Record of Food Program Expenditures (17-8) Form

1. List the Month, Sponsoring Organization, Center and CNIPS Number.
2. Record the date, name of store/Food Management Company, Food, Quantity of Milk purchased and Nonfood Expenses (chronological order) as purchases are made.
3. At the end of the month, record information from any Personnel Activity Reports at the bottom of the form above the totals row and expenses for payroll under the Program Labor column.
4. If Program Administrative Costs are claimed write "Program Administrative Costs" under the "Name of Store, Vendor, Food Management Company or Program Labor" heading and record the total from the "Record of Administrative Costs for the Month" worksheet under the "Program Admin Cost" heading.
5. Total all columns and record information on the Justification for CACFP Reimbursement Form which will later be used to complete the Actual Cost Quarterly Report (ACQR).
6. File completed form in the monthly CACFP folder.

**Donated foods** can be used to prepare reimburseable meals. Institutions which receive donated foods should document the date and the amount received on the Record of Expenses 17-8 form.

### RECORD OF FOOD PROGRAM EXPENDITURES FOR THE MONTH

<b>SPONSORING ORGANIZATION</b>				<b>CENTER</b>		
<b>CNIPS NUMBER</b>						
Date	Name of Store, Vendor, Food Management Company or Program Labor	Food	Quantity of Milk; Gallons and/or Pints	Non Food	Program Labor	Program Admin. Cost
Totals						

## **CACFP Instructions for Completing the Justification for Reimbursement Form**

1. Using the Record of Food Program Expenditures Form (17-8) for the month, record totals for Food, Non-Food, Program Labor and Administrative Costs.
2. Total expenditures for the month and place in column labeled "Total Expenditures by Month".
3. Record Reimbursement Amount using the amount of CACFP reimbursement received for the month.
4. Subtract the Total Expenditures by month from the Reimbursement Amount and place total under the "Difference" column.
5. To calculate % spent on food, divide Food costs by Reimbursement Amount and multiply answer by 100. Place answer under "% Spent on Food".
6. At the end of each quarter, (Oct.-Dec, Jan-Mar, Apr-June, July-Sept), total all columns and use the information from the form when completing the Actual Costs Quarterly Report (ACQR) in CNIPS.

## Justification for CACFP Reimbursement

Month	Food	Nonfood	Program Labor	Administrative	Total Expenditures by Month	Reimbursement Amount	Difference	% Spent On Food
Oct.								
Nov.								
Dec.								
<b>Total</b>								
Jan.								
Feb.								
Mar.								
<b>Total</b>								
Apr.								
May								
June								
<b>Total</b>								
July								
Aug.								
Sept.								
<b>Total</b>								
<b>Total for The year</b>								

\*FNS 796-2(IV) and 7 CFR 226.15(e)(6)

\* *Food Expenses divided by Reimbursement = % Spent on Food*

## **ACQR (Actual Costs Quarterly Reporting) and Justification for Reimbursement**

FNS 796-2 Revision 3 requires that all institutions show fiscal integrity and accountability for all funds received from the Child and Adult Care Food Program. All expenses incurred as program expenses must be approved and funds must be used for authorized program expenses only.

In order to justify the reimbursement received, the State Agency requires that all institutions report their actual costs. The State Agency will review the costs to ensure that institutions are being fiscally responsible with CACFP funds.

### **There are 3 options for reporting actual costs:**

1. Institutions which have been completing the quarterly ACQR Report in CNIPS can continue to do so. If reporting quarterly, the ACQR is to be completed by January 31st for the first quarter, April 30th for the second quarter, July 31st for the third quarter, and October 31st for fourth quarter. The ACQR can be completed in CNIPS at <https://cnips.education.ky.gov/cnips/>
2. Institutions can submit a one-time, annual ACQR in CNIPS by combining the costs for all of the months (Oct – Sept) and recording the totals in just one section of the ACQR (Due annually by October 20th).
3. Institutions can complete the electronic or paper version of the “Justification for CACFP Reimbursement” form which can be found on the State Agency website and submit it to their CACFP consultant by October 20th.

**Institutions must complete at least one of these options each year. Not doing so will result in a review.**

**An ACQR Training Presentation is available on the State Agency website:**

<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

## **Pre-Approval Site Request/Visit Form**

Institutions and Sponsoring Organizations which request a site(s) be added to the existing CNIPS Application are required to complete a Pre-Approval Site Request/Visit Form. The form must be submitted to the sponsor's CACFP Consultant on or before the 25<sup>th</sup> of the month prior to the month in which meals will be claimed. Requests submitted after the 25<sup>th</sup> may not be approved until the following month.

All submitted Site Requests will be reviewed by the approving CACFP Consultant and institutions will be informed of the results.

If the Site Request is approved, the State Agency will establish a Site Application in CNIPS for the institution to complete.

Institutions must then complete the Site Application in CNIPS and submit it to the State Agency for approval.

If acceptable, the State Agency will approve the Site Application and the Site may then begin to claim the approved meals in the month in which the site application was approved.



**PRE-APPROVAL SITE REQUEST/VISIT FORM**  
TO BE CONDUCTED BY SPONSOR

Sponsor Name \_\_\_\_\_ CNIPS # \_\_\_\_\_

Address \_\_\_\_\_

1. Center Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Director \_\_\_\_\_

Type of Center: \_\_\_\_\_ Child Care \_\_\_\_\_ Out-side School Hours \_\_\_\_\_ Head Start  
\_\_\_\_\_ Emergency Shelter \_\_\_\_\_ ADC \_\_\_\_\_ Title XIX (ADC)

2. Licensed Capacity \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Total number of participants enrolled \_\_\_\_\_ Number in attendance \_\_\_\_\_

4. Indicate type of meals to be claimed for reimbursement.

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Night Snack
Time of Meal Service						
Estimated Number to be Served						

5. How will meals be provided? \_\_\_\_\_ Self-Preparation \_\_\_\_\_ Contract \_\_\_\_\_ Central Kitchen \_\_\_\_\_ Other

6. Has center staff been trained according to USDA meal pattern requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Is an enrollment form on file for each participant? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Will family size and income information be obtained for each participant? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Have record keeping requirements been explained and discussed with the center director? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Date that Center's Staff received Civil Rights Training: \_\_\_\_\_

11. List names of personnel responsible for CACFP Administration and Food Service. Include specific duties assigned to each.

Administration	Duties
Food Service	Duties

12. Has racial/ethnic information been collected on the area to be served? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Center Director Date Authorized Sponsor Representative \_\_\_\_/\_\_\_\_/\_\_\_\_ Date

## **Monitor Reviews**

### **(For Sponsoring Organizations with more than one site)**

Monitoring sponsored centers for compliance with CACFP regulations is an important responsibility of Sponsoring Organizations. Sponsoring Organizations can also use monitor reviews to provide technical assistance when needed.

#### **Monitor Review Checklist:**

- ✓ **3 reviews conducted each fiscal year**
- ✓ **2 reviews must be unannounced**
- ✓ **Time between reviews must not be more than 6 months (i.e. Oct., Feb., June)**
- ✓ **A meal service must be observed for at least 1 review**
- ✓ **Must ensure that review time is varied**

*A meal service must be observed during at least one of the monitor reviews conducted during the year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.*

**A copy of the Monitor Review form is available on the State Agency website:**

<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

## **CACFP APPEALS PROCEDURE**

Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k))

Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))

Section 3. Filing an Appeal

Section 4. Appeal Timelines

Section 5. Appeal Procedures

**A complete listing of the Appeals Procedure is available on the State Agency website:**

<http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>

## TO DO LIST FOR NEW/RENEWING INSTITUTIONS

After attending State agency training, please do the following:

- Complete the online CNIPS application and submit to the State Agency.
- Conduct In-Service Training within **four weeks** of attendance at State Agency Training.
- Complete Catering Procurement immediately following New Sponsor Training.
- Complete the Small Purchase Procurement and/or Food Supply Vendor Procurement requirements within the first **four weeks** of attendance at the State Agency Training.
- Display the “And Justice for All” poster in a prominent place.
- **New institutions only:** Submit the news release to a media source and a grassroots organization. File the original in the CACFP folder labeled “News Release”.

Maintain the following records beginning the first day of participation:

- a. Daily Attendance Records
- b. Record of Meals Served (17-9)
- c. Menu Records (Participant and Infant)
- d. Receipts, Invoices, any documentation of food and non-food costs
- e. Personnel Activity Report(s)

**Please note that this list is not inclusive of all documentation that must be maintained.**

# CACFP REFERENCE SHEET

<b>Daily Attendance-Information Needed for Claim</b>			
<b>Attendance Records</b> <ul style="list-style-type: none"> <li>Completed daily</li> <li>Participant's name, period of residency and date of birth listed</li> <li>Totaled daily and recorded on the Record of Meals Served (17-9) form</li> <li>Used to calculate total daily attendance</li> </ul>			
<b>Meal Counts-Information Needed for Claim</b>			
<b>Menus</b> <ul style="list-style-type: none"> <li>Must meet meal pattern guidelines</li> <li>Current month posted</li> <li>Food must be creditable</li> <li>Copies placed in monthly folder</li> </ul>	<b>Menus, Continued</b> <ul style="list-style-type: none"> <li>All menus must be maintained</li> <li>Substitutions must be noted at the beginning of the day.</li> </ul>	<b>Total Daily Attendance</b> <ul style="list-style-type: none"> <li>Recorded on 17-9 daily</li> <li>Meals served cannot be greater than the number of participants in attendance</li> <li>Total Daily Attendance for the month is reported on the monthly claim.</li> </ul>	<b>Record of Meals Served 17-9</b> <ul style="list-style-type: none"> <li>Take meal counts during the meal service</li> <li>Record on the Record of Meals Served 17-9</li> <li>Number of meals served must be totaled daily and monthly</li> <li>Total meals at the end of the month are reported on the monthly claim</li> </ul>
<b>Documentation of Expenses/Information Needed for ACQR</b>			
<b>Food and Non-Food</b> <ul style="list-style-type: none"> <li>Receipts               <ul style="list-style-type: none"> <li>Originals only</li> <li>Program related items only</li> <li>Purchases related to menu items</li> </ul> </li> <li>Invoices from caterers, if applicable</li> <li>Delivery Tickets, if applicable</li> </ul>	<b>Program Labor</b> <ul style="list-style-type: none"> <li>Personnel Activity Report</li> <li>Completed daily by employee</li> <li>Signed by employee</li> <li>Pay Stubs are used for full time food service staff (i.e. full time cook)</li> </ul>	<b>Record of Program Expenditures 17-8</b> <ul style="list-style-type: none"> <li>Completed monthly</li> <li>Food costs recorded from receipts</li> <li>Amount of milk purchased is recorded using receipts</li> <li>Program Labor recorded</li> <li>Non- food costs recorded from receipts</li> </ul>	<b>Small Purchase Procurement</b> <ul style="list-style-type: none"> <li>Completed yearly; within first 4 weeks of fiscal year</li> <li>6 most commonly used items</li> <li>3 price comparisons</li> </ul> <b>Food Supply Vendor Procurement</b> <ul style="list-style-type: none"> <li>Completed yearly; within first 4 weeks of fiscal year</li> <li>All vendor purchased items</li> <li>3 vendor comparisons</li> </ul> <b>Catering Procurement</b> <ul style="list-style-type: none"> <li>See Catering Guidance</li> </ul>
<b>Civil Rights</b>			
<b>Public Notification System</b> <ul style="list-style-type: none"> <li>And Justice for All</li> <li>Non Discrimination Statement</li> </ul>	<b>Data Collection</b> <ul style="list-style-type: none"> <li>Completed annually</li> <li>Includes Ethnic and Racial Data</li> </ul>	<b>Grievance Procedures</b> <ul style="list-style-type: none"> <li>Documents kept in accessible location</li> <li>Move complaint forward in a timely manner (3 days)</li> </ul>	<b>Training</b> <ul style="list-style-type: none"> <li>Must include Civil Rights to all people involved with food service</li> <li>Required prior to start of any program duties</li> <li>Performed annually and as needed for new staff</li> <li>Documented and filed in appropriate folder</li> </ul>
<b>Monitor Reviews</b>			
<ul style="list-style-type: none"> <li>Only necessary for sponsors with multiple sites</li> <li>Completed within first 4 weeks of participation in the program</li> <li>Must complete at least 3 per year per site</li> <li>No more than a 6 month lapse between reviews (i.e. Oct., Feb., June)</li> <li>Timing should be varied</li> </ul>			